SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER
1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. DEP. IND. DEP. DEP. IND. DEP. IND :0 !3 **J**0 22,230 36 37 <u>J8</u> 40 ō YOU'L ISTAL CLAIM MAY SO LED FOR ADDITIONAL CLAIMS OR AMENDMENTS V. DE ABYMENT OF COMMERCE